MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:54 am, Mar 24, 2016

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is [illegible] into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12842	ST CHARLES POLICE DEPT	03/23/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1781 ZUMBEHL RD ST CHARLES	16:23 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

[X] **DIAGNOSTIC RECORD**

[X] BLANK CHECK	[X] CO2 CHECK
[X] FC 1 TEMP	[X] FLOW CHECK
[X] SRC TEMP	[X] FCB CHECK
[X] DET TEMP	[X] CRC COMP CHECK
[X] BT TEMP	[X] CRC CAL CHECK
[X] STD 2 TEMP	[X] PRINT TEST
[X] ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION	[X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER INTOXIMETERS LOT# AG516803 EXP. DATE 06/17/2017

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] CALIBRATION CHECK - **(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

[X] 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
[ ] 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
[ ] 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
0.100 g/210L	0.099 g/210L	0.099 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
1	0	0	1	4	3

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
Daniel Gibbons 324		GIBBONS, DANIEL
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250021	01/20/2017	(636) 949-3300

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 17-Jun-2015

Lot # AG516803

Exp. Date	Cyl. Type	Component	Certified Concentration
17-Jun-2017	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	**391.8 ppm**	**EB0010603**	**392.5 ppm**
EB0010570	**259.8 ppm**	**EB0010559**	**258.9 ppm**
EB0010285	**209.0 ppm**	**EB0010595**	**208.9 ppm**
EB0010561	**103.7 ppm**	**EB0010562**	**104.9 ppm**
EB0010681	**52.22 ppm**	**EB0010579**	**52.94 ppm**

Analytical Method: **NDIR**

Digitally signed by Quality Control
Date: 2015.06.17 17:20:35 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01